

SERIAL NUMBER 09/288,757	FILING DATE 04/08/99	CLASS 705	GROUP ART UNIT 2761	ATTORNEY DOCKET NO. 991057
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APPLICANT	<p>FRED L. HOROWITZ, CHICAGO, IL; RANDALL KRIZ, INGLESIDE, IL.</p> <p>**CONTINUING DOMESTIC DATA***** VERIFIED <u>KN</u> <u>NONE</u></p> <p>**371 (NAT'L STAGE) DATA***** VERIFIED <u>KN</u> <u>NONE</u></p> <p>**FOREIGN APPLICATIONS***** VERIFIED <u>KN</u> <u>NONE</u></p> <p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED 04/29/99 ** SMALL ENTITY **</p>
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>KN</u> <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Initials Initials </div>	STATE OR COUNTRY IL	SHEETS DRAWING 2	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 3
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ADDRESS	MAX SHAFTAL FACTOR AND SHAFTAL <i>shaftal and Associates, LTD</i> 100 W MONROE STREET <i>300 South Wacker Dr.,</i> SUITE 3000 CHICAGO IL 60607-6
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TITLE	DENTAL INSURANCE ELIGIBILITY DETERMINATION AND UTILIZATION RECORDATION SYSTEM
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FILING FEE RECEIVED \$407	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Best Available Copy